Perinatal and Infant Oral Health Quality Improvement Expansion Grant Program

Announcement Type: Initial New
Funding Opportunity Number: HRSA-15-070

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: February 27, 2015

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov, may take up to one month to complete.

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Authority: Title V, § 501(a)(2) of the Social Security Act as amended (42 U.S.C. 701(a)(2))
EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Expansion Grant Program. This grant program is the second phase of the MCHB Perinatal and Infant Oral Health National Initiative. The goal of this grant program, as with this multi-phase initiative, is to reduce the prevalence of oral disease in both pregnant women and infants most at risk through improved access to quality oral health care. By targeting pregnant women and infants, during times of increased health care access, the expected result is improved oral health and oral health care utilization of the mother and her child throughout their lifespan. Ultimately, by linking the delivery of oral health with primary care, the overall well-being of pregnant women and infants will be improved.

Studies indicate that addressing and improving maternal oral health may reduce the amount of caries-producing oral bacteria that mothers transmit to their children during common parenting behavior. Pregnancy is an ideal time for behavior modification and early intervention, as a mother’s behavior can have a ripple effect on the health of the family across their life spans. Yet, while oral health care has been recognized as both safe and effective for pregnant women, many perinatal health professionals do not know how important it is for women to receive oral health care before, during, and after pregnancy. Consequently, oral health care has not become an integral part of perinatal care. Research demonstrates that children whose mothers have poor oral health are at greater risk for developing dental caries, with as many as 20% affected by Early Childhood Caries (ECC), the term given to tooth decay in children under 71 months of age with decayed, missing, or filled teeth.

The focus of the PIOHQI Expansion Grant Program is to expand the number of targeted demonstrations for replicable integration of quality oral health care (such as education, preventive services and restorative treatment) into health care delivery systems with statewide reach. The mission of the PIOHQI Expansion Grant Program is to close gaps that have impeded the availability of quality oral health care delivery systems for pregnant women and infants most at risk for oral disease, including the lack of access to dental services and national data sources. One gap being addressed by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) is the lack of dental coverage, a known financial barrier limiting the ability to access oral health care. Yet, while the Affordable Care Act makes available dental coverage for children through the Marketplace, insurers do not have to offer adult women dental coverage under the Affordable Care Act. With the implementation of the Affordable Care Act, approximately 5.3 million more children were expected to have dental coverage. Yet, lack of an oral health workforce is an additional barrier to accessing care. In some states, where there was an increase in children with dental coverage, they were having problems identifying oral health professionals to support this increase in demand.

At the end of this funding period, awardees will have defined and implemented evidence-based models used to successfully integrate quality oral health care into perinatal and infant primary health care delivery systems with statewide reach. These models will: reduce prevalence of oral disease in pregnant women and infants, ultimately reducing ECC throughout early childhood; increase utilization of preventive dental care by pregnant women; establish a dental home for infants (by age one); and reduce dental expenditures. Lessons learned from implementing these state models will be used to develop the National Implementation Framework for Improved Perinatal and Infant Oral Health. As a guide, this framework will support state stakeholders
(i.e., government leaders, oral health professionals, community and state health program directors, and others) in their efforts to: (1) expand opportunities for access to direct oral health services; (2) increase delivery of best practices for oral health care, including oral health clinical competencies of primary care providers; (3) enhance statewide data sources, making available “real time” data with common oral health metrics; and (4) support sustainability, including state policy and legislation changes to ensure sufficient reimbursement.

<table>
<thead>
<tr>
<th>Funding Opportunity Title</th>
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<tr>
<td>Funding Opportunity Number:</td>
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<tr>
<td>Due Date for Applications:</td>
<td>February 27, 2015</td>
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<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$1,750,000</td>
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<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to seven (7) grants</td>
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<tr>
<td>Estimated Award Amount:</td>
<td>Up to $250,000 per year</td>
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<td>Cost Sharing/Match Required:</td>
<td>No</td>
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<td>Project Period:</td>
<td>August 1, 2015 – July 31, 2019 (Four (4) years)</td>
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<td>Eligible Applicants:</td>
<td>As cited in 42 CFR 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this Federal funding opportunity. If otherwise eligible, faith based and community organizations are eligible to apply for this Federal funding opportunity. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</td>
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An application that does not contain all requested content as described in this Funding Opportunity Announcement will NOT be reviewed.
Technical Assistance:

A technical assistance call will be held on Thursday, December 11, 2014 at 3:00 PM Eastern Time. The Project Officer will provide an overview of this FOA and will be available to answer questions until 4:30 PM Eastern Time.

Call information is as follows:
  Number – 866-769-4744
  Code – 3666409

The following Adobe Connect meeting web link will be used to display the FOA:
https://hrsa.connectsolutions.com/r66yp9b8q3y/

If you have never attended an Adobe Connect meeting before, please test your connection at:
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I. Funding Opportunity Description

1. Purpose

This funding opportunity announcement (FOA) solicits applications for the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Expansion Grant Program, the second phase of the Perinatal and Infant Oral Health National Initiative. The goal of this grant program, as with this multi-phase initiative, is to reduce the prevalence of oral disease in both pregnant women and infants through improved access to quality oral health care. By targeting pregnant women and infants most at risk for disease, during times of increased health care access, the expected result is improved oral health and oral health care utilization of the mother and her child throughout their lifespan. Oral health is an essential component in promoting and maintaining overall health during pregnancy and throughout one’s lifetime. Ultimately, by linking the delivery of oral health with primary care, the overall well-being of pregnant women and infants will be improved.

At the end of this funding period, awardees will have defined and implemented evidenced-based models used to successfully integrate quality oral health care into perinatal and infant primary health care delivery systems with statewide reach. These models will: reduce prevalence of oral disease in pregnant women and infants, ultimately reducing Early Childhood Caries (ECC); increase utilization of preventive dental care by pregnant women; establish a dental home\textsuperscript{xii,xiii} for infants (by age one); and reduce dental expenditures. Lessons learned from implementing these state models will be used to develop the National Implementation Framework for Improved Perinatal and Infant Oral Health. As a guide, this framework will support state stakeholders (i.e., government leaders, oral health professionals, community and state health program directors, and others) in their efforts to: (1) expand opportunities for access to direct oral health services; (2) increase delivery of best practices for oral health care, including oral health clinical competencies of primary care providers\textsuperscript{xiv}; (3) enhance statewide data sources, making available “real time” data with common oral health metrics; and (4) support sustainability, including state policy and legislation changes to ensure sufficient reimbursement. Specific to sustainability after the period of Federal funding ends, awardees are expected to sustain key elements of their grant projects (e.g., strategies or services and interventions, which have been effective in increasing access to quality oral health care and improving the oral health status of the target populations). Sustainability can be achieved in various ways, including both Federal and/or state funding support, private-public partnerships, self-generating revenue.

Oral health care includes, but is not limited to, oral health education, fluoride treatment, dental sealants, dental cleaning/prophylaxis, and dental restorative services. Through collaborations that lead to public and private partnerships, awardees will expand opportunities for direct access to oral health services in safety net settings, such as: community health centers, university dental training programs, private offices, and public health clinics. This collaboration could lead to changes in policy that ensure sufficient reimbursement to health professionals. Access to oral health services can also be supported through mutual agreements with health care service systems that serve pregnant women and infants, including the Supplemental Nutrition for Women, Infants, and Children (WIC), Head Start, Home Visiting, Healthy Start, and Title V programs. Ultimately, such concurrence will result in an increase in referrals for the much needed direct oral health care.
Valid and timely data is essential in measuring the success of new programs and in crafting policy. One example of such a data source is the National Oral Health Surveillance System (NOHSS), developed through collaboration between the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Dental Directors (ASTDD). The NOHSS is designed to track oral health surveillance indicators based on data sources and surveillance capacity available to most states. Yet, despite the efforts of CDC and ASTDD, there are limits to this data source: only 42 states currently add data to the NOHSS and data from 10 of the 42 states are over five years old. This FOA addresses approaches the awardees will use to enhance and/or develop statewide data sources to provide “real time” data with common metrics, ideally building upon current data infrastructures. MCHB encourages the awardees to use the Pregnancy Risk Assessment Monitoring System (PRAMS) given that the Patient Protection and Affordable Care Act of 2010 amended section 399LL-2(d) of the Public Health Service Act directs the Department of Health and Human Services (HHS) to include oral health in PRAMS.

Project oversight by an experienced Project Advisory Board is expected. The Advisory Board will include appropriate community-level personnel and key individuals who can provide subject matter expertise, including: local dental public health managers; medical and dental providers; other health care personnel from public health based programs (i.e., community health centers); and experts on state Medicaid policies, data, and quality improvement. In addition, Board members will include, where available, representatives of organizations and institutions relevant to the success of the project and of the community served, such as:

- Representatives of State MCHB, HRSA, HHS, or other Federal funded programs that serve pregnant women and infants, including but not limited to: Early Head Start, Healthy Start, Home Visiting, WIC.
- Representatives of state affiliates for relevant national professional organizations, including but not limited to: American Academy of Pediatrics (AAP), American Academy of Pediatric Dentists (AAPD), American Dental Association (ADA), and American College of Nurse-Midwives (ACNM).

This Advisory Board is expected to: provide advice and oversight regarding program direction, participate in discussions related to allocation and management of project resources, and share responsibility for the identification and maximization of resources and community ownership to sustain project services beyond the project period of Federal funding.

The PIOHQI Expansion awardees, along with the PIOHQI Pilot (first phase) awardees, will participate in an oral health collaborative that will be coordinated by the MCHB-funded PIOHQI National Learning Network (NLM) [for more information regarding the PIOHQI NLN and Pilot see Appendix A and B, respectively]. Each PIOHQI Expansion awardee will name a Network Liaison to lead the individual PIOHQI Expansion project’s collaborative process, utilizing the members of their Advisory Board to enhance the collaboration. Guided by the NLM, this oral health collaborative will share best practices and lessons learned as they implement statewide systems change that increases access, identifies sustainable funding models, and develops data sources for evaluating implementation. It is strongly encouraged these efforts will build upon and/or optimize other state MCHB, HRSA, and/or HHS investments through collaborative partnerships in pursuit of improved services for pregnant women and infants. These programs include, but are not limited to:
1) MCHB-funded programs: Healthy Start; Maternal, Infant and Early Childhood Home Visiting; Early Childhood Comprehensive Systems; and the Title V Block Grant.
2) HRSA-funded programs: Community Health Centers, State Oral Health Workforce, and Rural Health Care Services Outreach.
3) HSS-funded programs: Head Start and Early Head Start.
4) Other Federal funded programs: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

HRSA recently identified perinatal oral health as one of four strategic oral health priorities. xviii This funding opportunity will directly contribute to the Healthy People 2020 Leading Health Oral Health Indicator (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. It also advances several HRSA strategic goals, including: (1.b) Expand oral health and behavioral health services and integrate into primary care settings; (1.d) Strengthen health systems to support the delivery of quality health services; and (4.b) Monitor, identify, and advance evidence-based and promising practices to achieve health equity.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. 701(a)(2)).

**Maternal and Child Health Bureau and Title V of the Social Security Act**

In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. Today, Title V is administered by the MCHB, which is a part of the HRSA in the HHS. The mission of the MCHB is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health (MCH) population which includes all of the nation’s women, infants, children, adolescents, and their families, including fathers and children with special health care needs. To achieve this mission and improve the care of the MCH population, MCHB strives to improve access, quality, integration, accountability, and equity.

**MCHB supports Oral Health**

In 1989, the National Center for Education in Maternal and Child Health, with support from MCHB, released Equity and Access for Mothers and Children: Strategies from the Public Health Service Workshop on Oral Health for Mothers and Children. xix The strategic recommendations outlined in this document became the basis for MCHB’s oral health efforts.

Twenty-five years later, oral health disparity continues among the MCH populations. Evidence indicates that ECC, i.e. tooth decay among children under 71 months of age or younger, can destroy primary dentition. ECC is a virulent form of dental caries that can occur soon after tooth eruption during infancy, progress rapidly, and have a lasting detrimental impact on the dentition. xx And, while oral health care has been recognized as both safe and effective for pregnant women, iii it has not become an integral part of perinatal care, before, during or after pregnancy. iv,v

The need to change the oral health-related behaviors of pregnant women and their health professionals and to increase their knowledge about how to maintain or achieve oral health has most recently been recognized by the American College of Obstetricians and Gynecologists.
(ACOG) Committee on Healthcare for Underserved Women. In a 2013 opinion paper, the committee acknowledged that oral health, as a component of general health, should be maintained during pregnancy. In addition, in 2012, the American Academy of Pediatrics Dentistry (AAPD) confirmed that early establishment of a dental home, including ECC prevention and management, is the ideal approach to infant oral health care. The American Academy of Pediatrics (AAP) Section on Oral Health provides education, training, and advocacy for pediatricians, other health professionals (including dentists), and families. As a national counterpart to AAPD, AAP works to improve children’s oral health through communication and collaboration between medical and dental homes, and to make pediatricians and other health professionals an essential part of the oral health team. In 2009, AAP reaffirmed its policy statement for risk assessment timing and the establishment of a dental home by one year of age. Yet, tooth decay is the most common chronic childhood condition in the U.S; it affects 26% of our preschoolers, 44% of our kindergarteners, and more than half of our teens.

Why Pregnant Women and Infants?
Pregnancy is an ideal time for behavior modification and early intervention, as a mother’s behavior can have a ripple effect on the health of the entire family across their life spans. Yet, in 2007-2009, 35% of U.S women reported that they did not have a dental visit within the past year and 56% did not visit a dentist during pregnancy. And, evidence demonstrates 25% of women of reproductive age have dental caries and nearly 40% of pregnant women have some form of periodontal disease. In addition, children whose mothers exhibit poor oral health are five times more likely to have oral health problems themselves and children whose mothers have high levels of oral bacteria and poor oral health have a greater risk for developing dental caries. It is estimated that 2% of infants 12 to 23 months of age in the U.S. have at least one tooth with questionable decay, and nearly 20% of children 24-60 months of age have infected teeth that meet the criteria for ECC.

Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or other health professional is recommended, based on risk assessment, as early as six months of age, six months after the first tooth erupts, and no later than 12 months of age. Furthermore, subsequent reappointments are also based upon risk assessment which provides time-critical opportunities to implement preventive health practices and reduce the child’s risk of preventable oral disease.

Data indicate infants and one-year olds visit pediatricians more often than dentists. Results from the 2000-2005 Medical Expenditure Panel Survey reveal that for this age group 89% had office-based physician visits annually, compared with only 1.5% who had dental visits. Between 2004 and 2007 the number of physician office visits outnumbered visits to general dentists 190 fold. As for pregnant women, prenatal care professionals are usually the first health professional they consult with on preparing for a healthy pregnancy. Yet, many of these health professionals are unaware of the importance of oral health during pregnancy. Integrating oral health into primary care settings increases the provision of preventive services by non-oral health professionals, improving access to and utilization of oral health care. If the youngest of the pediatric patient population and pregnant women visit physicians more often than dentists, it is critical that these primary and obstetric care professionals are knowledgeable about dental caries prevention.

Existing gaps have impeded access to quality oral health care. One gap being addressed by the Affordable Care Act is the lack of dental coverage, a known financial barrier limiting the ability
to access oral health care. Yet, while the Affordable Care Act makes available dental coverage for children through the Marketplace, insurers do not have to offer adult women dental coverage under the Affordable Care Act. With the implementation of the Affordable Care Act, approximately 5.3 million more children were expected to have dental coverage. Yet, lack of an oral health workforce is an additional barrier to accessing care. In some states, where there was an increase in children with dental coverage, they were having problems identifying oral health professionals to support this increase in demand.

Taking Action
In 2008, in response to the 2006 evidence supporting the safety of oral health care during pregnancy and efforts of the earliest adopter in changing the state's health care system (i.e., New York), MCHB convened an expert workgroup to develop strategies for improving oral health care during the perinatal period.

During this timeframe, many national organizations issued statements and recommendations for improving oral health care during pregnancy and early childhood, including the AAPD, AAP, and ACOG; others followed, including the American Academy of Periodontology, the American Academy of Physician Assistants, and the American College of Nurse-Midwives. Also, several states (i.e., California and Washington) replicated New York, developing their own state guidelines for perinatal oral health care.

The reaction from both state and national stakeholders provided the leverage for HRSA to convene a second expert workgroup in collaboration with ACOG and the American Dental Association (ADA) in 2011. The outcome of this meeting resulted in the Oral Health Care During Pregnancy: A National Consensus Statement. Developed and distributed by the National Maternal and Child Oral Health Resource Center (OHRC), nearly 80,000 copies of the consensus statement have been distributed since its release in August 2012. Short-term outcomes following widespread dissemination includes numerous states (13) and one U.S. territory using the national consensus statement for professional training, one state adopting the statement as its own (South Carolina), and another using the national consensus statement in its development of a statewide perinatal oral health plan (Michigan).

Also in 2011, the importance of quality oral health care and the capacity for the health care system to provide such care was highlighted in an Institute of Medicine (IOM) report commissioned by HRSA. This IOM report, Improving Access to Oral Health Care for Vulnerable and Underserved Populations, directly acknowledges that an effective system of care is dependent on the accessibility of quality care that is affordable. Yet, innovative approaches that increase access to an effective, comprehensive, statewide system of care remain elusive. In response, MCHB launched the Perinatal & Infant Oral Health National Initiative to develop an evidence-based, oral health care approach that serves pregnant women and infants and improves the oral health disparity among this MCH population.

The Perinatal and Infant Oral Health National Initiative
In 2012, MCHB launched the Perinatal and Infant Oral Health National Initiative (PIOHNI) in tandem with the release of the document: Oral Health Care During Pregnancy: A National Consensus Statement. MCHB is using a multi-phase, seven-year approach (see PIOHNI Timeline, Appendix C) to accomplish this initiative. The MCHB Oral Health Program provides a schematic and descriptive format of the PIOHNI Logic Model (see Appendices D and E).
respectively) to depict the logical relationship between the available resources, planned activities, and expected outputs and outcomes of the initiative, concluding with final impact.

This multi-phase national initiative is supported through three separate grant funding opportunities:

1) The Implementation Phase - the grant recipients of the 2013 PIOHQI Pilot Grant Program (see Appendix B) are tasked with identifying strategies that succeed in adapting a successful community-based approach for statewide implementation, increasing utilization of quality preventive dental care and restorative services for pregnant women and infants most at risk. The long-term impact of this funding effort is to achieve sustainable improvement in the oral health care status of this MCH population. The overarching goals of this pilot grant program are to develop, put into practice, and continually assess:
   - A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
   - A statewide data system that drives quality improvement; and
   - A fiscal leveraging strategy that sustains this improved delivery of care.

Current Models of the Implementation
The PIOHQI Pilot grantees are in the process of operationalizing their individual strategic approaches as described below:

- **Connecticut:** The CT Dental Health Partnership (CTDHP), through the existing state-supported Intensive Community Outreach (ICO) pilot project, provides outreach to at-risk pregnant women and young children who are not receiving preventive oral health care. The ICO pilot project, which works through medical and dental professionals, is based on the Trusted Person model. The ICO project is designed to capitalize and build on current services available within the system of care in Connecticut, and the CTDHP’s data collection and analysis process as a PIOHQI Pilot grantee will build on systems already established by CTDHP to provide access to preventive oral health care.

- **New York:** The New York State Department of Health plans to integrate oral health into the statewide Maternal and Infant Community Health Collaborative (MICHC) projects with the use of community health workers. The integration of oral health into this model will be evaluated in one MICHC site. The data needed to evaluate integrating oral health into this model will be obtained from progress reports; program logs; interviews; special surveys; and other systems, such as Medicaid managed care performance reports, perinatal quality improvement studies, and the PRAMS.

- **West Virginia:** The West Virginia Department of Health and Human Resources plans to expand the oral health services provided through their Healthy Start project, Helping Appalachian Infants and Families (HAPI), which works in coordination with the WV Bureau of Medical Services (Medicaid) Right from the Start Program (RFTS), providing early preventive prenatal care and education. Designated Care Coordinators will assure that women enrolled in the RFTS are offered oral health preventive health services during the second trimester.
2) **The Expansion Phase**— The focus of the **2015 PIOHQI Expansion Grant Program** is to make available and conduct targeted demonstrations for replication and expansion of quality oral health care (such as education, preventive services and restorative treatment) in health care delivery systems with statewide reach that serve pregnant women and infants most at risk for oral disease. These awardees, in collaboration with the Network partners, will work together with the PIOHQI Pilot grantees to develop, put into practice, and continuously evaluate strategies that successfully integrate quality oral health care into health care delivery systems with statewide reach that serve pregnant women and infants most at risk for disease.

3) **The Dissemination Phase**— The **2014 PIOHQI National Learning Network** (the NLN, see Appendix A), a cooperative agreement, provides a structured coordination for determining resource needs, providing technical assistance, and guiding collaborative learning opportunities among the awardees funded under the PIOHNI. As these awardees share best practices and lessons learned, the NLN will utilize this new knowledge to develop a guide, an implementation framework, that will inform stakeholders how to efficiently implement a successful model with statewide reach. This guide, to be disseminated nationally, will be known as the *National Implementation Framework for Improved Perinatal and Infant Oral Health*.

The PIOHQI NLN cooperative agreement was awarded to Children’s Dental Health Project (CDHP). CDHP will take the lead in creating an oral health collaborative among the awardees funded under the PIOHNI. The NLN will provide peer-to-peer learning in collaboration with subject matter experts that can help design, organize, test and evaluate the selected approaches to integrate oral health into primary health care for pregnant women and infants. The NLN partners will develop and implement an online dashboard to be available in early 2015. The dashboard will allow the grantees the opportunity to view their data in ‘real time’ and share progress of the collaborative. The NLN is expected to fulfill four important functions:

- Assist in state's efforts to strengthen statewide partnership and collaboration;
- Enhance knowledge transfer between the participants, offering guidance and assistance to better leverage knowledge gained;
- Provide a secure internet-based workspace for data tracking of the NLN participants as they focus on strategy and implementation; and
- Articulate a clear and comprehensive strategic framework built on the achievements and lessons learned from successful operationalization of innovative strategies for statewide systems change.
II. Award Information

1. Type of Application and Award

Type of applications sought: New.

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2018. Approximately $1,750,000 is expected to be available annually to fund seven (7) awardees. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. This program announcement is subject to the appropriation of funds, and it is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount of up to $250,000 per year. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the PIOHQI Expansion Grant Program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined in 25 U.S.C. 450b), is eligible to apply for this Federal funding opportunity. If otherwise eligible, faith-based and community-based organizations are eligible to apply. An eligible applicant must have both direct fiduciary and administrative responsibility over the project.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the
applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA’s *SF-424 Application Guide*.

**Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

4. **Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

**NOTE:** Multiple applications from an organization are not allowable. For these purposes, a state government is considered one organization, so only one application from each state’s government will be considered. It is the applicant’s responsibility to be well-informed of other interests within its organization in order to meet the requirements of this project.

**IV. Application and Submission Information**

1. **Address to Request Application Package**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. **Content and Form of Application Submission**

Section 4 of HRSA’s *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.
Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA’s SF-424 Application Guide (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. **Project Abstract**
   See Section 4.1.ix of HRSA’s SF-424 Application Guide.

ii. **Project Narrative**
   This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. All substantive information responding to the Specific Program Criteria, which will be used by the objective review committee to evaluate each application, must be contained within the Project Narrative. The applicant should respond to the project’s intent as described in the Purpose (see Section I.1) and each major section of the Project Narrative.

   Attachments should be used to provide supporting documentation, for example, organizational charts, timelines, position description, curriculum vitae/biographical sketches, the project’s logic model, and letters of commitment from participating agencies (see Section IV.2.v). As you plan attachments, remember that the total page limit of the application, including the face page, project narrative, non-OMB forms, the budget and the abstract, and the attachments, etc. is 80 pages when printed by HRSA. (See Section 4.4 of HRSA’s SF-424 Application Guide to determine what components of the application are counted as part of the total page limit.)

   Instructions for preparing each major section of the Project Narrative are outlined below. Follow them carefully, as they form the basis for addressing the Review Criteria (see Section V.1), which the objective review committee will be instructed to use for its evaluation and rating of applications submitted to the PIOHQI Expansion Grant Program. Applicants may want to check the content of each section of their project narratives against the Review Criteria.
Use the following section headers for the Narrative:

- **INTRODUCTION -- Corresponds to Section V’s Review Criterion (1) Need**
  This section should briefly describe the purpose of the proposed project. The proposed project should respond to the Purpose of this FOA (see section 1.i.)

- **NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion (1) Need**
  This section outlines oral health needs and the barriers to access oral health care for pregnant women and infants most at risk for oral health disease. Please describe the targeted population (such as, the number of pregnant women and infants in the state/region/community, etc.) to be served and the current oral health care status (such as, the number of dental visits during pregnancy, caries rate of pregnant women, etc.) of the pregnant women and infants to be served. The unmet oral health needs of the pregnant women and infants must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand the oral health status and the unmet oral health needs of the targeted population that will be served by the proposed project.

  Applicants should review and include, as appropriate, the recent [State Title V MCH Block Grant Program Needs Assessment](#) findings, specifically the oral health needs in the communities they intend to serve.

- **METHODOLOGY -- Corresponds to Section V’s Review Criterion (2) Response**
  In this section, the applicant describes the overall strategy and methods that will be used to implement the model that has been selected to improve statewide access to oral health care for pregnant women and infants, ultimately to reduce prevalence of oral disease in pregnant women and infants. The description of the project methodology should extend across the proposed four years of the project; it should provide the framework for defining the project’s mission, vision, and goals. MCHB recommends the use of proven methods when developing the proposed methodology. The Driver Diagram (see [Appendix F](#)) and the Model for Improvement are such methods that can be used as guides for developing a strategy that successfully achieves the goals and objectives. The proposed methodology should address the stated needs and respond to the previously described program requirements and expectations in this funding opportunity announcement, including efforts that:

  1) Expand opportunities for access to direct oral health services;
  2) Increase delivery of best practices for oral health care;
  3) Enhance a statewide data source with “real time” data with common metrics; and
  4) Support state policy and legislation changes to ensure sufficient reimbursement which leads to sustainability.

  The applicant must include in the **Project Narrative** a Statewide Plan (SWP) that describes how oral health care will be integrated into a primary health care delivery system with statewide reach that serves pregnant women and infants. The SWP should clearly visualize the strategy for an integrated health care delivery system that improves the oral health of pregnant women and infants throughout the state who are most at risk for disease. The
SWP should be used to develop the applicant’s WORK PLAN, which will describe the implementation and adoption of the proposed model. At a minimum, the SWP should include the following elements:

- **Project Advisory Board** – the applicant must discuss its plans for an Advisory Board to oversee the PIOHQI Expansion project. The PIOHQI Expansion awardee must establish and maintain a project Advisory Board specific to the PIOHQI Expansion grant; alternatively, the awardee may utilize an existing board as the project Advisory Board if it meets the criteria discussed above. The applicant should: (1) delineate the anticipated role(s) the Advisory Board will contribute to the implementation of the PIOHQI Expansion project, and (2) discuss activities they will implement that are specifically related to the proposed project, including the frequency of meetings, public forums, and training/conferences. The applicant must provide a complete member list of the project Advisory Board in Attachment 1 (see section IV.2.vi.), identifying the agencies and/or organizations they represent. Letters of agreement are to be included in this attachment for each member named to the board. Persuasive rationale is required if a membership roster and/or letter of agreement are not available.

- **Goals, objectives, and activities of the project** – Stated goals should respond to the needs assessed of the targeted population that will be served by the proposed project. The applicant is reminded that the goal of this grant program is to reduce the prevalence of oral disease in both pregnant women and infants through improved access to quality oral health care for pregnant women and infants most at risk. Objectives should be specific, measurable, attainable, relevant, and time-framed. Each activity must be explicitly linked to its relevant goal and objectives and should be feasible and reasonably expected to lead to achievement of those goals and objectives within the project period. The applicant should include the extent to which project results may be national in scope and the degree to which the project activities are to be replicable and sustainable beyond the Federal funding.

- **Data** – The applicant will include a plan for data collection and analysis that assures access to timely data. The applicant must clearly detail how it will develop, enhance, and/or support a data system that assures access to timely data, which will allow the awardee to measure its progress relative the purpose of the project.
  - The applicant is expected to collaborate with the PIOHQI NLN to develop common essential data elements which ultimately will contribute to the national implementation framework. Applicants are encouraged to utilize data sources supported through MCHB investments, such as the National Children Health Survey, PRAMS, state epidemiological support through Title V, and data from Healthy Start and Home Visiting.

- **Outputs** – The applicant should include, but not limit, projected outputs to the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. In addition, the applicant will include a plan to disseminate reports, products, and/or grant project outputs so project information is provided to key target audiences.
Changing a health care delivery system with statewide reach that will assure quality oral health care for pregnant women and infants requires a strategic process. To efficiently and effectively replicate successful efforts a strategic guide, or framework, thorough in its design can identify a series of steps that describe the implementation principles. In collaboration with the NLN, documentation of effort, beginning with the first phase and continuing throughout this second phase, will be translated into *The National Implementation Framework for Improved Perinatal and Infant Oral Health*. This new knowledge will guide successful replication of effective approaches for systems change.

Throughout the course of the first and second phase of this national initiative, it is expected that the successful applicants awarded funds under this initiative will contribute to refining this framework. In the first funding opportunity under this initiative, a five (5) step *Preliminary Strategic Framework* was introduced from which the final framework will evolve. For this purpose, all PIOHQI Expansion applicants must clearly respond to following steps that currently makeup this preliminary framework:

1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.
2) Mobilize and/or build capacity to address needs.
3) Develop a strategic approach for implementation that utilizes a health care delivery system with statewide reach.
4) Implement evidence-based prevention policies, programs and practices and infrastructure development activities.
5) Monitor the approach, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

**WORK PLAN and PROJECT TIMELINE -- Corresponds to Section V’s Review Criteria (2) Response and (4) Impact**

The applicant will include in their *Project Narrative* a *Work Plan* that will clearly describe how the SWP will be implemented. The applicant should describe a meaningful and realistic plan about how its project information would reach and respond to the needs of multiple audiences at the local, state, regional and national levels. The applicant will provide measurable metrics of success for key activities of the work plan to assure opportunities for timely process evaluation through the duration of the project. The work plan should include feasibility and effectiveness methodology to disseminate the project results which are replicable and sustainable beyond Federal funding.

A *Project Timeline* will visualize the timeliness of project activities and accomplishments (see section IV.2.vi, *Attachment 2*). The Project Timeline will identify for the entire project period: (1) the activities proposed, (2) the time it will take to accomplish these tasks and (3) the responsible staff. The applicant’s Work Plan and Project Timeline will stipulate:

- Submission of a final work plan for MCHB approval within **six months** after the award date.
- The work plan will be fully operational **nine months** after the initial award date.
The applicant must submit a **PIOHQI Expansion Logic Model** used for designing and managing their project to integrate oral health care services into the primary health care of pregnant women and infants. The logic model will be a one-page diagram that visualizes the overall outcome and impact of the proposed SWP, presenting the conceptual framework for the proposed project and explains the links among the program elements (see section IV.2.vi., *Attachment 3*). The logic model should summarize the connections between the applicant’s specified activities, outputs and outcomes of the proposed project. The following basic components should be included in the logic model: inputs, activities, outputs, outcomes, and impacts.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion (2) Response**
  This section will discuss the unique challenges that are likely to be encountered in designing and implementing the PIOHQI Expansion project activities described in the Work Plan. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed. The applicant articulates approaches that will be used to resolve such challenges and how the efforts to resolve these challenges, to the extent that is appropriate, will be communicated and integrated into the plan. Consideration should be given to potential challenges in making contact with the targeted population, completing the project activities, ensuring sustainability, and evaluating the impact of these activities. For example, describe challenges expected when creating the statewide “real time” data source with common metrics and what methods will be used to leverage key stakeholders to achieve the results. Describe anticipated challenges in integrating oral health into perinatal primary and preventive health care for pregnant women and infants and strategies to overcome these barriers. When possible, cite specific examples of the applicant organization’s experience in resolving such challenges.

- **EVALUATION -- Corresponds to Section V’s Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities**
  PIOHQI Expansion awardees are expected to have measurable outcomes by the end of the four-year project period. The applicant describes a data collection strategy that will collect, analyze and track data to measure process and impact/outcomes, explaining how the data will be used to inform program development and service delivery. Applicants will include, as appropriate, impact on different cultural groups (e.g., race, ethnicity, language). Applicants must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

At a minimum, the applicant is expected to collect and analyze the following Data Indicators on an annual and/or bi-annual basis:

- **Process Indicators**
  - Enhanced state and local public health infrastructure and key stakeholder partnerships
  - Utilized the patient-center dental home and medical home service
  - Established the State perinatal health guidelines
  - Secured the perinatal and infant oral health workforce
• **Outcome Indicators**
  - Increase percentage (%) of women who have received oral health care during pregnancy
  - Increase percentage (%) of infants who have received oral health care by age one, including children with special health care needs (CSHCN)
  - Increase percentage (%) of women who received preventive services during pregnancy (i.e., oral health education and anticipatory guidance, including development of self-management goals and oral health care)

• **Impact Indicators**
  - Reduced oral health disparities in the MCH community
  - Increased utilization of preventive oral health care and restorative services among pregnant women and infants
  - Reduced prevalence of Early Childhood Caries (ECC) among children most at risk for oral disease, including CSHCN
  - Improved dental expenditures for the MCH community

### ORGANIZATIONAL INFORMATION AND TECHNICAL SUPPORT CAPACITY --
Corresponds to Section V’s Review Criterion (5) Resources/Capabilities

Provide information on the applicant’s organization’s current mission and structure, scope of current activities, and an organization chart of the proposed project. Describe how above items contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent services with consideration of the health literacy of the target population.

The applicant will demonstrate that it has the expertise, experience and the technical capacity to carry out the proposed evaluation plan. For all key personnel, describe current position, skills and knowledge, and any previous experience that may justify their proposed role in the project. Describe collaborative linkages, if applicable, among the State Oral Health Program, organized dentistry, educational institutions, and community organizations. Applicants must describe the key processes that will lead to effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. In addition, describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

- The applicant must provide Other Letters of Agreement, Support or Intent (*Attachment 4*) only if these individuals specifically indicate a commitment to this project (e.g. in-kind services, dollars, staff, space, equipment). The applicant must include the roles and expected project deliverables should be identified. The applicant should provide pending and/or existing contracts (*Attachment 5*) that describes any planned working relationships between the applicant organization and other entities and programs cited in the proposal.
- The applicant should identify the Job Descriptions of Key Project Staff and Other Key Personnel (*Attachment 6,* see Section IV.2.v), including those individuals for whose support is not requested. A Biographical Sketch, a summary of their
curriculum vitae that is no more than two pages, should be provided for each of these professional or technical staff members as part of the Attachment 7 (see Section IV.2.v). It should contain information about education (institutions attended and their locations, degrees, and years conferred, fields of study); professional certifications and licensures; professional positions/employment in reverse chronological order; and any additional information that would contribute to the Independent Review Panel’s understanding of relevant qualifications, expertise and experience.

- The applicant should describe and document the qualification and experience of key project staff, to include no less than a Project Manager, Data/Evaluator Specialist, and Network Liaison (see Attachment 6). The applicant should describe any evidence of special expertise, capabilities, and competencies required to perform project tasks and activities under the PIOHQI Expansion Grant Program, including but not limited to:

  o **Project Manager** (can serve as Project Director – please see section 4.1 in *SF-424 Application Guide*)
    - Significant experience working on issues related to advancing the pregnant women and infants
    - Executive or leadership experience
    - Knowledgeable with collaborative methodology
    - Ability to communicate effectively (oral and written), and
    - Ability to work collaboratively with peers representing a variety of organizations and disciplines.

  o **Data/Evaluator Specialist**
    - From a private, public, and/or academic health care setting;
    - Experienced in evidence-based quality improvement, including:
      - Project design specific to health care delivery systems,
      - Sustainability and quality improvement.

  o **Network Liaison**
    - Knowledgeable with collaborative methodology
    - Ability to communicate effectively (oral and written), and
    - Ability to work collaboratively with peers representing a variety of organizations and disciplines.

**Note:** The Project Manager can also serve as the Project Director. [The role of the Project Director can be found in Section 4.1.i of HRSA’s *SF-424 Application Guide*.]

- The applicant is required to summarize organizational information into at least one Organizational Chart (Attachment 8, see Section IV.2.v).
iii. **Budget**

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

See Section 4.1.iv of HRSA’s *SF-424 Application Guide*.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv. **Budget Justification Narrative**

See Section 4.1.v. of HRSA’s *SF-424 Application Guide*. In addition, the Perinatal and Infant Oral Health Quality Improvement Expansion program requires the following:

A Budget Justification Narrative that explains the amounts requested for each line in the budget. The budget justification should clearly describe and justify what resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. Individual explanations should be written in such a way that it is clear to the reviewer the relationship between line items. For clarity, it is recommended to include in-kind support and/or other funding support to fully represent the total investment in the project.

To ensure there are adequate staff to manage the project, at a minimum, applicant should include the following items in the budget and budget narrative:

- 1.0 FTE (at a minimum) for Project Manager (can serve as Project Director – please see section 4.1 in *SF-424 Application Guide*); roles and responsibilities to include:
  - Implementation and oversight of the PIOHQI Expansion project as described in the project narrative.
  - Maintaining collaboration and networking with the PIOHQI Expansion Advisory Board, key project personnel, and NLN partners, including all PIOHQI awardees.

- 0.5 FTE (at a minimum) for a Data/Evaluation Specialist
  - Enhance existing resources for data analysis.
  - Assist with the linkage of new and existing data indicators and the evaluation of the PIOHQI Expansion project.

- Funding for travel to: (1) annual meeting with all PIOHQI Expansion awardees, (2) annual collaborative meeting with the NLN and all PIOHQI awardees, and (3) appropriate conferences to share accomplishments (such as National Oral Health Conference, Association of Maternal and Child Health Programs, American Association for Community Dental Program).
v. **Program-Specific Forms**

1) *Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects*  
HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant programs administered by the MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB’s authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for the PIOHQI Expansion Grant Program and Submission of Administrative Data*

To inform successful applicants of their reporting requirements the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.html).

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

vi. **Attachments**

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

**Attachment 1: Project Advisory Board**

Attach the project Advisory Board, identifying the agencies and/or organizations they represent. Include in this attachment letters of agreement from each member. Persuasive rationale is required in the Project Narrative if a membership roster is not available.

**Attachment 2: Project Timeline**

Attach a Timeline for the project that details completion of the Project Work Plan (see Section IV. ii - Project Narrative).

**Attachment 3: Logic Model**

Attach a one-page Logic Model for the project that includes all information detailed in Section IV.ii - Project Narrative. Additional resources for creating logic models are describe in Section VIII.
**Attachment 4: Other Letters of Agreement, Support or Intent**

Provide all other letters of agreement, support or intent. These documents must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

**Attachment 5: Pending and Existing Contracts**

Provide any document that describes any planned working relationships between the applicant organization and other entities and programs cited in the proposal. All contracts should be project specific. Pending/existing contracts must be dated and should clearly describe the roles of the contractors and any deliverable. A synopsis of a contract is acceptable given it provides the requested details.

**Attachment 6: Job Descriptions for Project Staff and Other Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide)**

Position descriptions of project staff and key personnel will be one page in length and include: role, responsibilities, and qualifications for education and experience. Role and responsibilities should clearly provide rationale for the amount of time being requested for each staff position. If time allotted for roles and responsibilities is not supported with grant funding, persuasive rationale will determine commitment to the project. Justification will be determined by the position descriptions for these key personnel and time allotted for accomplishing roles and responsibilities. To save space, job descriptions do not need to be placed on separate pages.

**Attachment 7: Biographical Sketches of Project Staff and Other Key Personnel**

Include biographical sketches for persons occupying the key positions described in Attachment 6, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of agreement or intent (see attachment 3).

**Attachment 8: Project Organizational Chart**

Provide a one-page figure that depicts the organizational structure of the project.

**Attachment 9: Tables, Charts, etc.**

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

**Attachments 10-15: Other Relevant Documents**

Include here any other documents that are relevant to the application.

### 3. Submission Dates and Times

**Application Due Date**

The due date for applications under this funding opportunity announcement is February 27, 2015 at 11:59 P.M. Eastern Time.
4. **Intergovernmental Review**

The PIOHQI Expansion Grant Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA’s *SF-424 Application Guide* for additional information.

5. **Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than $250,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

*Purchase of Vehicles:* Projects should not allocate funds to buy vehicles for the transportation of clients, but rather lease vehicles or contract for these services.

*Lobbying:* Funds cannot be used to lobby the Executive or Legislative branches of the Federal Government or any State Legislature. All applicants should review and sign the Grants.gov Lobbying Form certifying that project funds are not being used for lobbying activities. Pursuant to Section 1352 of Title 31, United States Code, all awardees must now disclose any lobbying undertaken with non-Federal (nonappropriated) funds. If non-Federal funds are being used for lobbying activities, awardees must disclose this information by completing Standard Form LLL “Disclosure of Lobbying Activities.”

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA’s *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.
V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. A cross-walk of the review criteria and the program narrative requirements associated with each criterion is provided in the table below.

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Methodology</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(2) Response &amp; (4) Impact</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Evaluation</td>
<td>(3) Evaluative Measures</td>
</tr>
<tr>
<td>Organizational Information and Technical Support Capacity</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Organizational Information and Technical Support Capacity</td>
<td>(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.</td>
</tr>
</tbody>
</table>

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The Perinatal and Infant Oral Health Quality Improvement Expansion Grant Program has six (6) review criteria:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Need</th>
<th>10 Points</th>
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<tbody>
<tr>
<td>Criterion 2</td>
<td>Response</td>
<td>20 Points</td>
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<tr>
<td>Criterion 3</td>
<td>Evaluative Measures</td>
<td>30 Points</td>
</tr>
<tr>
<td>Criterion 4</td>
<td>Impact</td>
<td>10 Points</td>
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<tr>
<td>Criterion 5</td>
<td>Resources/Capabilities</td>
<td>20 Points</td>
</tr>
<tr>
<td>Criterion 6</td>
<td>Support Requested</td>
<td>10 Points</td>
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<tr>
<td>Total</td>
<td></td>
<td>100 Points</td>
</tr>
</tbody>
</table>
Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Needs Assessment
This criterion is related to the extent to which the applicant demonstrates a clear and comprehensive understanding of the conceptual issues important to the PIOHQI Expansion Grant Program.
1) The extent to which the application demonstrates an understanding of the problem and associated contributing factors to the problem of unmet oral health needs and the barriers to access oral health care for the MCH population.
2) The extent to which the applicant describes the targeted population to be served and the oral health needs of this targeted population, including the Title V Needs Assessment as appropriate.
3) The strength and clarity to which the applicant demonstrates an overall understanding of the current oral health status of the targeted population.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s Methodology, Work Plan and Project Timeline, and Resolution of Challenges
This criterion is related to the extent to which the applicant’s proposed plan adequately addresses the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the need of the targeted population and attaining the project objectives. The extent to which the methodology described is inclusive of proven methods for quality improvement.
1) The extent to which the application clearly describes the SWP’s overall strategy and discusses methods (the Work Plan) to be used to implement the selected model for improving access to oral health care for the targeted population across the state.
   • The extent to which the objectives are specific and relevant; measurable and attainable; and consistent with the purpose and requirements of the proposed project. Specifically, the strength and clarity of the proposed activities; the extent they are described, clearly capable of addressing the problems, clearly linked to project goals and objectives, and are feasible within the project period.
   • The extent to which the applicant describes projected outputs, including, but not limited to: the development of the tools and strategies for ongoing staff training, outreach, and collaboration with PIOHQI Pilot grantees, PIOHQI NLN, and public/private stakeholders.
   • The extent to which the applicant includes a plan for data collection and analysis that assures access to timely data.
   • The extent to which the applicant’s SWP and Work Plan clearly responds to all steps in the preliminary implementation framework.
2) The extent to which the applicant identifies Project Advisory Board members (see Attachment 1) who represent organizations and institutions relevant to the success of the project and the community served. And the extent to which the applicant clearly describes the Project Staff and Other Key Personnel roles and responsibilities in the implementation of the proposed project (see Attachment 6). Including but not limited to Project Manager and Data/Evaluation Specialist.
3) The extent to which the applicant describes the methods used to achieve expectations in this funding opportunity announcement, including efforts that:
   • Integrate services of primary care and oral health care by expanding Oral Health services by starting with prevention at primary care visit (this could be the number of pregnant women who received oral health education at perinatal visits) and by
referring to oral health providers (this could be an outcome – the number of visits to
the dentist during pregnancy).

• Increase delivery of oral health services to pregnant women and infants by age one.
• Enhance/develop a statewide data source with access to “real time” data.
• Support state policy and legislation to improve or ensure sufficient reimbursement.

4) The extent to which the applicant provides clarity of a Work Plan (in the Project Narrative)
and Project Timeline (see Attachment 2) to achieve each of the activities proposed during the
entire project period.

• The strength and clarity of the project work plan and timeline in support of
the applicant’s assurance that the project will be fully operational at nine months after
initial award.
• The extent to which the work plan includes feasibility and effectiveness methodology
for the dissemination of project results and is replicable and sustainable beyond
Federal funding.

5) The extent to which the applicant acknowledges barriers or challenges likely encountered in
development and implementation of the activities and the strength and clarity of the proposed
strategies to be used to overcome these challenges to achieve the project goals. Specifically,
the extent to which the applicant describes the challenges expected when creating the
statewide data system and methods used to leverage stakeholders to overcome these barriers.

Criterion 3: EVALUATIVE MEASURES (30 points) – Corresponds to Section IV’s Evaluation

This criterion is related to the extent to which the applicant outlined the strength and
effectiveness of the method proposed to monitor and evaluate the project results. Evidence that
the evaluative measures will be able to assess: 1) to what extent the program objectives have
been met, and 2) to what extent these can be attributed to the project.

The extent to which the applicant clearly describes in detail the enhancement/development of a
data system that assures timely access to data; specifically, how the data will be collected and
used to measure the progress of the project.

• The extent to which the applicant defines a process for effectively tracking project
outcomes which will clearly describe the organization performance, clearly describing the
strategy to collect, analyzes, and track data to measure process and impact/outcomes.
• The extent to which the applicant utilizes data sources supported through MCHB
investments, such as the National Children Health Survey, PRAMS, state epidemiological
support through Title V, and data from Healthy Start and Home Visiting.
• The extent to which the applicant describes the evaluation of program performance that
monitors ongoing processes and progress towards the goals and objectives of the project
and identifies priorities for quality improvement and assesses progress to implement the
state model.
• The extent to which the applicant includes, at a minimum, the process to collect and
analyze the proposed data indicators on an annual and/or bi-annual basis.
Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan and Project Timeline
This criterion is related to the extent to which the applicant described a meaningful and realistic plan about how its project information would reach multiple audiences at local, state, regional and national levels.
- The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond Federal funding.
- The effectiveness of the plans for dissemination, including penetration within and possibly beyond the identified target population, with respect to both dissemination of project results, and engagement with the communities served.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Organization Information and Technical Support Capacity
This criterion is related to the extent to which the applicant demonstrates its ability to perform the proposed scope of work.
- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Specifically, the strength of the expertise, experience and the technical capacity to implement the proposed plan to evaluate the program performance.
- The extent to which the applicant provides a detailed description of the organizational structure to implement proposed SWP.
- The extent to which the key project personnel are qualified by training and/or experience to implement and carry out the project (see Attachment 7).
- The biographical sketches (also Attachment 7) of the key project staff (specifically the Project Manager, Data/Evaluator Specialist, and Network Liaison) and other key personnel clearly demonstrate appropriate education, expertise, skills and experience that are relevant and necessary to this project.
  - The biographical sketch of the proposed Project Manager (can serve as Project Director – please see section 4.1 in SF-424 Application Guide) demonstrates a sufficiently strong background in executive or leadership experience and full understanding issues inherent in complex projects such as the PIOHQI Expansion.
  - The biographical sketch of the proposed Data/Evaluator Specialist demonstrates a sufficiently strong background managing and providing data collection and analysis for complex, multifaceted projects, such as the PIOHQI Expansion.
  - The biographical sketch of the proposed Network Liaison demonstrates a sufficiently strong background in the ability to work collaboratively with peers representing a variety of organizations and disciplines and the use of collaborative methodology.
- The strength and clarity to which the letters of intent and pending/existing contracts (see Attachments 4 and 5, respectively) align with the proposed key project personnel and the activity performed by contractual personnel.
Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Organizational Information & Technical Support Capacity

This criterion evaluates the Budget and the Budget Justification proposed by the applicant. Specifically, this criterion assesses the degree to which the budget request conforms to the funding level of the PIOHQI Expansion program, as stated in this funding announcement. A four year budget that is allowable, allocable, and reasonable in relation to the project objectives, complexity of the proposed activities, and anticipated results and outcome.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel devote adequate time to achieve project objectives.
  - 1.0 FTE (at a minimum) for Project Manager (can serve as Project Director – please see section 4.1 in SF-424 Application Guide)
  - 0.5 FTE (at a minimum) for a Data/Evaluation Specialist
- The strength and clarity to which the budget justification narrative describes the proposed expenditures for each year of the project period, clearly indicating changes from year to year, or identifying when there are no substantive budget changes during the project period.

2. Review and Selection Process

Please see Section 5.3 of HRSA’s SF-424 Application Guide. Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2015. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s SF-424 Application Guide.
3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA’s *SF-424 Application Guide* and the following reporting and review activities:

1) **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual and an annual basis. Further information will be provided in the award notice.

2) **Performance Report(s).**

   HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB’s authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

   a) **Performance Measures and Program Data**

   To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.html).

   b) **Performance Reporting**

   Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA’s Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.html). This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

   Performance reporting is conducted for each grant year of the project period. Awardees will be required, within 120 days of the NoA, to enter HRSA’s EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.
c) Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.html. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Denise Boyer
Grant Management Specialist
Division of Grant Management Operations
Maternal Child and Health Systems Branch
Parklawn Building, 10W05D
5600 Fishers Lane
Rockville, Maryland 20857-0001
Phone: (301) 594-4256
Fax.: (301) 594-4073
E-mail: dboyer@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Pamella Vodicka, M.S., R.D.
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau
Parklawn Building, Room 18W14A
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2753
Fax: (301) 443-1296
E-mail: pvodicka@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA’s Electronic Handbooks (EHBs). For assistance with submitting information in HRSA’s EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website:

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

A technical assistance call will be held on Thursday, December 11, 2014 at 3:00 PM Eastern Time. The Project Officer will provide an overview of this FOA and will be available to answer questions until 4:30 PM Eastern Time.

Call information is as follows:
Number – 866-769-4744
Code – 3666409

The following Adobe Connect meeting web link will be used to display the FOA:
https://hrsa.connectsolutions.com/r66yp9b8q3y/

If you have never attended an Adobe Connect meeting before, please test your connection at:

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s SF-424 Application Guide.
APPENDIX A: The Perinatal and Infant Oral Health Quality Improvement National Learning Network (HRSA-14-090)

SUMMARY

The purpose of the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) National Learning Network (the NLN) is to coordinate the development and testing of an evidence-informed strategic framework that can inform transformation of health care systems with statewide reach. The NLN will focus on the state dental director’s capacity to champion a productive and collaborative team of key state stakeholders. This enhanced assistance will be available specifically in states where the Title V Needs Assessment identifies perinatal and/or infant oral health as a priority need and have selected the Title V National Performance Measure for oral health or a state-specific measure that promotes access to care and/or improved oral health of pregnant women and children. Concrete examples of success will include: increased utilization of preventive dental care by pregnant women, establishment of a dental home for infants (by age one), reduced prevalence of early childhood caries (ECC), and reduced dental expenditures. Understanding the change process will empower states as they develop their own approach for replicating evidence-informed strategies.

The Network is expected to fulfill four important functions:

- Assist in state's efforts to strengthen statewide partnership and collaboration;
- Enhance knowledge transfer between the participants, offering guidance and assistance to better leverage knowledge gained;
- Provide a secure internet-based workspace for data tracking of the Network participants as they focus on strategy and implementation; and
- Articulate a clear and comprehensive strategic framework built on the achievements and lessons learned from successful operationalization of innovative strategies for statewide systems change.

The Network will be the link between the three phases of MCHB’s Perinatal and Infant Oral Health National Initiative. The Network will lead the effort to capture the collaborative process between key state partners who will collectively act towards a common mission to achieve quality improvement in the state and local health care system(s) that serve pregnant women and infants. The Network will assist in fostering collaboration among key state stakeholders, including recipients of the Title V Block Grant funds, as they facilitate the process of developing efficient and effective comprehensive statewide systems of care. It is expected that these collaborative efforts will include a state’s lead Maternal and Child Health agency.

The PIOHQI National Learning Network award recipient –
The Children’s Dental Health Project
https://www.cdhp.org/
The purpose of the Perinatal and Infant Health Quality Improvement (PIOHQI) Pilot is to integrate a successful community-based approach into a health care system with statewide reach, accomplishing statewide availability and increased utilization of quality preventive dental care and restorative services for pregnant women and infants most at risk.

The overarching goals of this project are to develop, put into practice, and continually assess:
- A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
- A statewide data system that drives quality improvement; and
- A fiscal leveraging strategy that sustains this improved delivery of care.

Lessons learned will be used to develop a guide for others to use, with the intent to successfully replicate a strategic approach that results in effective systems change. This new knowledge will be applied to a five-step planning process proposed by MCHB. This guide for the selection, implementation, and evaluation of quality improvement strategies will be called The National Implementation Framework for Improved Perinatal and Infant Oral Health. The five steps of the preliminary implementation framework are:

1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.
2) Mobilize and/or build capacity to address needs.
3) Develop/Finalize a comprehensive State Strategic Plan.
4) Implement evidence-based prevention policies, programs and practices and infrastructure development activities.
5) Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

PIOHQI Pilot Recipients –
- Connecticut Department of Social Services  
  http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_CT.pdf
- Health Research Inc./New York State Department of Health  
  http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_NY.pdf
- West Virginia Department of Health and Human Resources  
  http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_WV.pdf
### APPENDIX C: Perinatal and Infant Oral Health National Initiative Timeline

<table>
<thead>
<tr>
<th>Funding Opportunities:</th>
<th>PIOHNI First Phase</th>
<th>PIOHNI Second Phase</th>
<th>PIOHNI Third Phase</th>
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<tbody>
<tr>
<td>Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Pilot grant program [FY13 – FY16]</td>
<td>Implementation Phase: statewide implementation of innovative approaches that have succeeded at the community level.</td>
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APPENDIX D: The Perinatal and Infant Oral Health Quality Improvement Logic Model [Schematic]

The National Strategic Framework for Improving Perinatal and Infant Oral Health through Systems Change

**INPUTS**
- Agency/Bureau/Program

**PROCESS**
- Perinatal & Infant Oral Health National Initiative

**OUTPUTS**
- Key partnerships & collaboration using data-driven strategies will identify and effectively demonstrate approaches that have meaningful impact
- Peer-to-peer information sharing, guided by subject matter experts, will mediate exchange of new knowledge, accelerating implementation of promising practice

**OUTCOMES**
- Shifting political leadership and priorities at local or federal levels
- Shift in strategies due to change in sociological, economic, and demographic environments and the growing recognition of disparities and barriers to care;

**IMPACT**

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APPENDIX E: The Perinatal and Infant Oral Health Quality Improvement Logic Model

[Descriptive]

<table>
<thead>
<tr>
<th>Federal</th>
<th>Federal</th>
<th>State</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Impact</th>
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<tr>
<td>Agency Strategic Plan</td>
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<td>Bureau Strategic Plan</td>
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<td>Program Vision</td>
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<td>Program Mission</td>
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<td>Program Goals</td>
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<td>Program Funding</td>
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<td>Program Strategy</td>
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<td>Program Funding Opportunities</td>
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<td>Implementation</td>
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<td>Collaborative Methodology</td>
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<td>Data Collection/ Evaluation</td>
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<td>Reporting</td>
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<td>Enhanced strategic plan</td>
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<td>Interstate/intra-state collaboration</td>
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<td>Real-time structured learning</td>
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<td>Facts &amp; new knowledge, including barriers &amp; lessons learned</td>
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<td>New databases</td>
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<td>Reports</td>
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<td>Publications</td>
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<td>* Improved coordination among partners, focused on developing evidence-informed change processes</td>
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<td>* Increased capacity to generate and make better use of relevant evidence</td>
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<td>* Improved local capacity to access resources</td>
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<td>* Improved decision-making &amp; development of policies, standards of care, &amp; workforce</td>
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<td>* Advancing spread of strategic plan</td>
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<td>* Sustained statewide strategic plan and partnerships that maintain systems change integration</td>
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<tr>
<th>Short-Term Impact</th>
<th>Intermediate Impact</th>
<th>Long-Term Impact</th>
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<tr>
<td>* Increased interest in local communities</td>
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<td>* Improved local access to care</td>
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<td>* Improved public perception</td>
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<td>* Fully informed public</td>
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<td>* Oral health care that is accessible &amp; utilized</td>
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<tr>
<td>* Reduced oral health disparities during pregnancy and early childhood</td>
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Assumptions:
- Key partnerships & collaboration using data-driven strategies will identify and effectively demonstrate approaches that have meaningful impact.
- Peer-to-peer information sharing, guided by subject matter experts, will mediate exchange of new knowledge, accelerating implementation of promising practice.

External Influences:
- Shifting political leadership and priorities at local or federal levels
- Shift in strategies due to change in sociological, economic, and demographic environments and the growing recognition of disparities and barriers to care.
APPENDIX F: Driver Diagram [Sample]

Overall Aim:
To improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies and families across maternity care settings in Scotland.

Outcomes:
1. Reduce avoidable harm in women and babies by 30% by 2015 (as defined by the sub aims below)
2. Increase the percentage of women satisfied with their experience of maternity care to > 95% by 2015

Sub aims:
1a) Reduce the avoidable proportion of stillbirths and neonatal mortality by 15%
1b) Reduce severe PPH by 30%
1c) Reduce the incidence of non medically indicated elective deliveries prior to 39 weeks gestation by 30%
1d) Offer all women CO monitoring at the booking for antenatal care appointment
1e) Refer 90% of women who have raised CO levels or who are smokers to smoking cessation services
1f) Provide a tailored package of care to all women who continue to smoke during pregnancy

Primary Diagram
- Person Centred Care

Secondary Drivers
- Women have continuity of carer by a named midwife who provides the majority of the woman’s antenatal care and a named person
- Effective clinical risk assessment – based on both health and social care need – and early intervention is in place for all women from initial booking throughout the care journey
- A tailored pathway of care for women who smoke in pregnancy – encompassing smoking cessation support and clinical care for women who continue to smoke

Leadership and Culture
- Build and infrastructure to support quality improvement
- Create a culture of safety
- Develop a systematic process for learning from errors/failures
- Develop a measurement framework to guide improvement
- Develop a process for capturing user feedback to improve services
- Undertake safety walk rounds across settings
- Assign local safety champions/facilitators
- Engage GPs/Clincians/Public Health Nurses/Health Visitors in quality improvement

Teamwork, Communication and Collaboration
- Reliable communication and collaboration between GPs, maternity service teams, Public Health Nurses/Health Visitors and families across all care settings particularly at critical transition points in the care journey
- Effective use of standardised communication processes (e.g. visual cues, safety briefings, de-briefings and safety huddles)
- Use structured communication tools (e.g. SBAR and critical assertion language (C.U.S.S.))

Safe, Effective and Reliable Care
- Reliable risk assessment, early identification and appropriate support for women who smoke (and continue to smoke) in pregnancy
- Reliable processes for the early recognition of deterioration (e.g. early signs of IUGR/haemorrhage/sepsis/reduced fetal movements), using a MEWS system, linked to an effective response system and supporting escalation processes/policies.
- Reliable management of post-partum haemorrhage
- Reliable implementation of the best known evidence using care bundles
APPENDIX G: End Notes


